

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004163

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

786

FILED JAN 31 1963

VS 300
Rev. 4/59

DATE AMENDED

2/7/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Washington Terrace

SHOULD READ

Warson Terrace

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Saint Louis		c. CITY OR TOWN Richmond Heights	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1324 Mc Cutcheon
3. NAME OF DECEASED (Type or print) LAWRENCE E. STERN SR.		8. DATE OF DEATH Month January Day 24 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of time before death, if retired) Ret. Vice-pres		10b. KIND OF BUSINESS OR INDUSTRY Kilgen Organ Co	11. BIRTHPLACE (City and state or country) Quincy, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry Stern	
13b. MOTHER'S MAIDEN NAME Mary Launaman		14. NAME OF HUSBAND OR WIFE Nette G. Stern	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 9	
17. INFORMANT Charles Diebel #21 Was-hington Terrace		Address Warson.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anemia due Myelofibrosis with extramedullary hematopoiesis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 292.3 DUE TO (c) 292.3 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 14 Mos.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour 3:24 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY St. Louis STATE Missouri	
21. I attended the deceased from 5-9-57 to 1-24-63 and last saw him alive on 1-23-63 . Death occurred at 3:24 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W. D.	
22b. ADDRESS 35 N Central, Chicago 54		22c. DATE SIGNED 1-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/26/63	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
24. FUNERAL DIRECTOR Lupton Chapel, Inc 7233 Delmar Blvd		25. DATE RECD. BY LOCAL REG. JAN 24 1963	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.			

USE BLACK INK

OR

TYPEWRITER RIBBON

City
Dr. John
35 N. Central 1-6 P.M.
Pa-6-1166

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.